

215023605  
49460

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 114	Agency Case No. B5-053895	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/17/2015		TIME OF ACCIDENT	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1626	06/17/2015		
B	95	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. Cornhusker Hwy	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 6	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		X FEET <input type="radio"/> MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
		468.00		X N. 44th St.			
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	1	VEHICLE NO. 1					
		DRIVER LICENSE NO.	H13516584	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	1	DRIVER JIOVANY R CASTILLO		PHONE (402)805-3589	LOCAL NO. 07 30 95		
V2/N	1	DRIVER ADDRESS 5618 WALKER AVE, LINCOLN, NE 68503		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/30/1995	
G	4	OWNER ALBERTO H HINOJOS		PHONE (402)805-3589	LOCAL NO. 02 04 70		
		OWNER ADDRESS 5618 Walker Ave, Lincoln, NE 68503		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB435949	
H	2	LICENSE PLATE PA NO.	TGP815	YEAR (Plate Expires)	2015	STATE (Of Plate) NE	
V1/O	4	VEHICLE	2004	MAKE Jeep	MODEL Liberty Sport	BODY STYLE Medium/large	
V2/O	2	VEHICLE ID NO. (VIN)	1J4GL48K04W317809	COLOR tan	ESTIMATED DAMAGE X TOTALED \$		
		TOWED TO		TOWED BY	INSURANCE COMPANY Progressive Northern Ins. Co.		
				POLICY NO.	40288932		
I	1	VEHICLE NO. 2					
		DRIVER LICENSE NO.	H13670880	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	1	DRIVER DORENE A GILFILLIN		PHONE (806)676-5154	LOCAL NO. 03 18 67		
V2/P	1	DRIVER ADDRESS 2040 NW 44TH ST, LINCOLN, NE 68528		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/18/1967	
J	01	OWNER BUDD C GILFILLIN		PHONE (402)676-5154	LOCAL NO. 03 18 66		
		OWNER ADDRESS 2040 NW 44th St., Lincoln, NE 68528		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	1	LICENSE PLATE PA NO.	TJY229	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	4	VEHICLE	2013	MAKE Jeep	MODEL Wranger	BODY STYLE Medium/large	
		VEHICLE ID NO. (VIN)	1C4BJWEG9DL649718	COLOR black	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 2000		
K	01	TOWED TO		TOWED BY	INSURANCE COMPANY United Service Automobile Assoc.		
				POLICY NO.	00729-40-36U		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F	
VEH. #	NAME	ADDRESS			1 Seat Position	2 Eject	
1	JIOVANY R CASTILLO	5618 Walker Ave, Lincoln, NE 68503		07/30/1995	01	1	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.	
	07 30 95	Unknown			5 Trans.	1 F	
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		
VEH. #	NAME	ADDRESS					
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.		

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

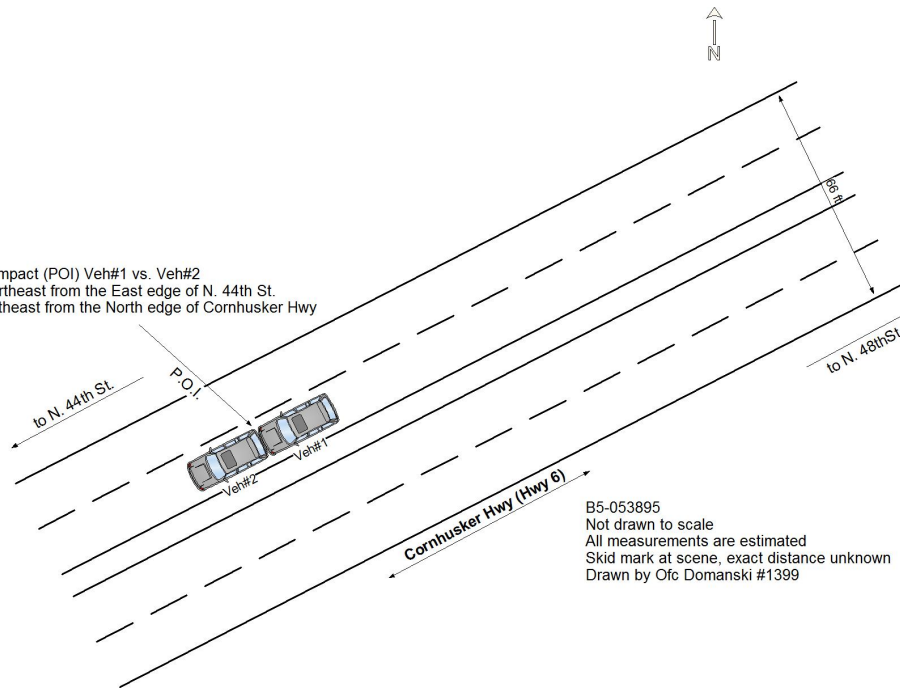
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-053895**



Indicate  
North  
by Arrow

Point of Impact (POI) Veh#1 vs. Veh#2  
468 ft Northeast from the East edge of N. 44th St.  
18 ft Southeast from the North edge of Cornhusker Hwy



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Veh#2 was sitting stopped in traffic in the South lane of Westbound traffic Cornhusker Hwy/N. 48th-44th St. approaching N. 44th St. Veh#1 was also in the South lane of Westbound traffic Cornhusker Hwy/N. 48th St. - N. 44th St. Driver of veh#2 states she was sitting in traffic when she was suddenly struck from behind by veh#1. Driver of veh#1 states that she saw that veh#2 was stopped and she tried to stop and applied brakes but was unable to come to a stop before colliding with veh#2. Driver of veh#2 experienced pain to her legs and neck as a result of impact from the collision.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME <b>Steve D Catanzoro 207 Groveland, Lincoln, NE 68521</b>				PHONE <b>(402)475-0072</b>
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2								
1				X	Cornhusker Hw				4		9				
2				X	Cornhusker H										
1	01				POINT OF IMPACT	01	POINT OF IMPACT	05	1 Deployed - front		1 None used - vehicle occupant		Driver No. 1		
2	11				MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 2		
				06 Turning left				3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL LEVEL TESTED			
				07 Making U-turn				4 Not deployed		4 Lap belt only used		Y			
				08 Entering traffic lane				5 Not applicable/ No airbag available		5 Child safety seat used		N			
				09 Leaving traffic lane				6 Unknown		6 Child booster seat used		X			
				10 Parked						7 DOT approved helmet used		N			
				11 Slowing or stopped in traffic						8 Costume helmet used		X			
				12 Other						9 Restraint use unknown		N			
				13 Unknown											
				00 None											
				01 Essentially straight ahead											
				02 Backing											
				03 Changing lanes											
				04 Overtaking/ Passing											
				05 Turning right											
				06 Turning left											
				07 Making U-turn											
				08 Entering traffic lane											
				09 Leaving traffic lane											
				10 Parked											
				11 Slowing or stopped in traffic											
				12 Other											
				13 Unknown											

OFFICER NO. <b>1399</b>	TROOP/ TEAM/ BEAT <b>2</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Tom Domanski</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Tom Domanski</b>	DATE OF REPORT <b>06/17/2015</b>